

Foster Family Home - Corrective Action Report

Provider ID: 1-180035

Home Name: Mary Rose Agbayani, CNA

Review ID: 1-180035-5

1135 Haloa Drive

Reviewer: Jackie Chamberlain

Honolulu

HI

96818

Begin Date: 5/6/2021

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 3 bed re-certification.

Corrective action report issued during CCFFH visit with corrective action plan due to CTA within 30 days of inspection

Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3) No RN delegation present client # 1 for [REDACTED] currently closed

no delegations are present in client 1 2 or 3 binder for for CG 4

Client # 3 no delegation for current [REDACTED]

Foster Family Home Medication and Nutrition [11-800-47]

47.(d)(1) By order of a physician;

Comment:

47 (d)(1) - Unable to locate physicians order for [REDACTED] for client # 1

Foster Family Home - Corrective Action Report

Foster Family Home

Records

[11-800-54]

- 54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;
- 54.(c)(5) Medication schedule checklist;
- 54.(c)(7) Expenditure records; and
- 54.(c)(8) Personal inventory.

Comment:

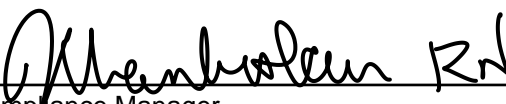
54.(c)(2) Service plan for client #1 no updated service plan in clients binder since 10/2019 client # 2 no updated service plan in clients binder since 02/2020 service plan for [REDACTED], client [REDACTED] service plan says [REDACTED]

Client # 3 service plan is [REDACTED]. Client walks independently

54.(c) Medication discrepancy for client # 2 and 3 medication prescription label did not match medication administration record and / or the signed MD orders.

54.(c)(7) Client # 1, 2 or 3 No Personal allowance log documentation

54.(c)(8) Client # 1 2 and 3 client belonging record documentation has not been signed by client or POA


Compliance Manager


Primary Care Giver

5/5/21
Date
5/5/21
Date